



3635/11

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

11

Application Number

10/001,310

Filing Date

11/23/2001

First Named Inventor

FREY

Group Art Unit

3635

Examiner Name

HORTON

Attorney Docket Number

1222.

### ENCLOSURES (check all that apply)

Fee Transmittal Form

Fee Attached

Amendment / Response

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers (for an Application)

Drawing(s)

Licensing-related Papers

Petition Routing Slip (PTO/SB/69) and Accompanying Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Small Entity Statement

Request for Refund

After Allowance Communication to Group

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Additional Enclosure(s) (please identify below):

RECEIVED

APR 22 2003

GROUP 3600

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

DAVID J. ARCHER

Signature

David J. Archer

Date

4/9/03

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

DAVID J. ARCHER

Signature

David J. Archer

Date

APRIL 9TH 2003

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.TOTAL AMOUNT OF PAYMENT (\$)55

Complete if Known	
Application Number	10/001310
Filing Date	11/23/2001
First Named Inventor	FREY
Examiner Name	HORTON
Group / Art Unit	3635
Attorney Docket No.	1222

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																													
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,380</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">* Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$)<u>55</u></td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	190	117	870	217	435	118	1,380	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	760	246	380	149	760	249	380	Other fee (specify) _____				Other fee (specify) _____				* Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$) <u>55</u>	
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SUBMITTED BY			Complete if applicable	
Typed or Printed Name	<u>DAVID J ARCHER</u>			Reg. Number <u>31,076</u>
Signature	<u>David J. Archer</u>			Date <u>4/9/03</u> Deposit Account User ID

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